

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-038550  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5461

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

W. Woodward MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>JACKSON</b> b. COUNTY <b>MISSOURI</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY MO</b>		c. CITY OR TOWN <b>INDEPENDENCE</b>	
Length of stay in 1b <b>2 days</b>		Inside limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>JACKSON COUNTY HOSP.</b>		d. STREET ADDRESS (If outside, give location) <b>MAPLE HOTEL - W. MAPLE</b>	
3. NAME OF DECEASED (Type or print) First <b>Cecil</b> Middle <b>L.</b> Last <b>ALLEN</b>		4. DATE OF DEATH Month <b>OCT</b> Day <b>27</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>8-17-1892-70</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unknown</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>	
11a. BIRTHPLACE (City and state or country) <b>Valley Junction Mo., U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>RUFUS ALLEN</b>		13b. MOTHER'S MAIDEN NAME <b>VIOLA Shaw</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	
17. INFORMANT <b>Jewel Allen 1100 W 24th Indyp</b>		Address <b>Indyp</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Respiratory Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>None</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral Vascular Accident</b>		48 hrs.	
DUE TO (c) <b>Hypertensive Cardiovascular Disease</b>		unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>1) Pulmonary Emphysema</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>1:15 A</b> Month, Day, Year <b>Oct 25-1962</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Indyp</b>		20f. CITY, TOWN, OR LOCATION <b>Indyp</b> COUNTY <b>Mo</b> STATE <b>Mo</b>	
21. I attended the deceased from <b>Oct 25-1962</b> to <b>Oct 27-1962</b> and last saw her alive on <b>10-26-62</b>		Death occurred at <b>1:15 A</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>W. Woodward</b> (Degree or title) <b>MD</b>		22b. ADDRESS <b>1901 Winner Rd Indyp Mo</b>	
22c. DATE SIGNED <b>10/27/62</b>		22d. LOCATION (City, town, or county) <b>Indyp</b> (State) <b>Mo</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Oct 29-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maund Lane</b>	23d. LOCATION (City, town, or county) <b>Indyp</b> (State) <b>Mo</b>
24. FUNERAL DIRECTOR <b>Roland R. Szyzko</b> ADDRESS <b>Indyp Mo</b>		25. DATE RECD. BY LOCAL REG. <b>10-29-62</b>	
26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>			

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R.R. Speaks

Licensed Embalmer No. 3605

P. O. Address Independence Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.